

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this

A Board of Health, City of Baltimore,

Permit No. 1780 Office of Registrar of Vital Statistics. Ward 5¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Fronica R. Bedford

Sex, Male or Female, { Cross out the word not required in this line.

Age, 0 Years, 0 Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Balts. Md.

Birthplace, { State or country, and how long in the United States, if of foreign birth.

Rifitine

Duration of Residence in the City of Baltimore,

110 Stirling St.

Place of Death, { Give street and number.

Belair Neontown

Cause of death, { First, (Primary)

Second, (Immediate),

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Co.

Date of Burial, July 19th 1889

Mr. Brooke Boyle M. D.,

Medical Attendant

Undertaker, Morgan and Pye

Place of Business, 102 Mulberry St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

47788

Health Department, City of Baltimore.

Permit No. A 1781

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Rosa DeSandus Duffield (Parents)

Sex, Male or Female, { Cross out the word not required in this line.

Age,

Years,

Months,

3 Hours Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

LifeNo 834 S. Howard st

Cause of Death, { First (Primary),

Asthenia

Second (Immediate),

Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St CemeteryDate of Burial, July 28th 1887Undertaker, Sorrell & HandlyPlace of Business, 416 Cross st

James A. Steiner M. D.
Medical Attendant.
Congress
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics
in the City of Baltimore.

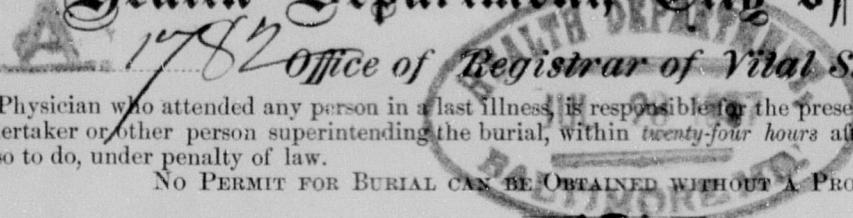
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry C. McKewen Inspector
[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *1782*



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, *6 A.M. July 27 - 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jas. Cassady*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *60* Years, Months, Days.

Color,

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } *Widower*

Occupation, *Stonem Cuter*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *3 yrs*

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Bonne Brae*

Date of Burial, *July 28 1887*

{ Undertaker, *H.W. Jenkins & Sons*

{ Place of Business, *201 W. Saratoga St.* Address,

Chas. A. Ray

M. D.

Medical Attendant.

City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1783

Office of Registrar of Vital Statistics.

Ward

17 $\frac{1}{4}$

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 29th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Walter Rosenbrock.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 3 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Baltimore.

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

1515 Light St.

Cause of Death, { First (Primary),

Chronic Alburnumous

Second (Immediate),

Wraenian

Duration of Last Sickness,

6 weeks.

All the above information shall be furnished by the Physician.

Place of Burial,

Calvary

Date of Burial, July 30

P. J. H. Hall

M. D.

Medical Attendant.

{ Undertaker, B. Y. Hall

{ Place of Business, 115 West St. Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordered, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 1784 Office of Registrar of Vital Statistics. Ward 10 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Octavia Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, two Months, three Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 854 Lexington St

Cause of Death, { First (Primary), Second (Immediate), } Cataract of bowels Furunculous eruption & sores

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine

Date of Burial, July 29th

{ Undertaker, J. B. Cook }

Elias C. Price & Son M. D.

Medical Attendant.

{ Place of Business, 100 N. Baltimore }

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Each physician or medical practitioner in this city is respectfully invited to make remarks below, and to list of Disease.

Health Department, City of Baltimore.

Permit No. 1785

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary ScottSex, Male or Female, { Cross out the word not required in this line. }Age, 11 hours Years,

Months,

Days

Color, WhiteMarried, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1320 Fulton Av.Duration of Residence in the City of Baltimore 11 hoursPlace of Death, { Give Street and Number. } 1320 Fulton Av.

Cause of Death, { First (Primary), }

Second (Immediate), Cyanosis neonatorum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, July 29, 1887E. M. Reid

M. D.

Medical Attendant.

{ Undertaker, Martin Fazley }{ Place of Business, 606 W. Townsend }Address, 914 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 1786, Office of Registrar of Vital Statistics. Ward 10⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 29th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Dr. Max Goldberg

Mrs Matie Goldberg.

Sex, Male or Female,

{ Cross out the word not required in this line.

Female

Age,

Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line.

Occupation

Birthplace,

{ State or country, and how long in the United States, if of foreign birth.

584 Mulberry St

Duration of Residence in the City of Baltimore,

2 minutes

Place of Death,

{ Give street and Number.

Cause of Death,

{ First (Primary),

Second (Immediate).

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

H. H. Bidder, M. D.

Date of Burial,

July 29th 1887

Medical Attendant.

{ Undertaker,

Stewart Moran

{ Place of Business,

357217 Park Ave

Address, 119 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A

1787

Office of Registrar of Vital Statistics.

Ward 19⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elvina Dennis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 80 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cedar

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1829 Lexington St

Cause of Death, { First (Primary), Apolloix
Second (Immediate), Sputtering

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 29

{ Undertaker, E. J. Blizzard

{ Place of Business, 1137 Pennan

N. F. Hill

M. D.

Medical Attendant.

Address, 1001 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1788

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Willie Dornand

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

21

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Maternity

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lip

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

Nursery & Child's Hospital

Medical Attendant

Cause of Death, { First (Primary), Second (Immediate), }

Aral

2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

C. T. Brown.

M. D.

Date of Burial, July 29

Medical Attendant.

Undertaker, C. T. Blizard

Place of Business, 1139 Pennsylvania Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1789 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Blanche Flarsen
Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Washington D.C.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

2 mos

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Nursery & Childs Hospital

Mat. Nutrition

Cause of Death, { First (Primary),
Second (Immediate), }

Non-Inflamm. Diarrhoea

3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 29

C. F. Bryan

M. D.

Medical Attendant.

Undertaker,

B. F. Blizzard

Place of Business, 1139 Penn

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]